S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30292

FILLED OCT 18 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7631

00
17
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis SL

(c) City or town Altheim, N.R. (If outside city or town limits, write "RURAL")

(d) Street No. Clayton RR #1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ethel L. Strasmer,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert O. Strasmer

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 5, 1888. (Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Richmond, Virginia. (City, town, or county) (State or foreign country)

10. Usual occupation H. W.

11. Industry or business

FATHER
12. Name Carrol Williams
13. Birthplace Flint, Michigan. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Myra Ellwell
15. Birthplace Flint, Michigan. (City, town, or county) (State or foreign country)

16. (a) Informant Albert O. Strasmer

(b) Address Clayton RR1, Altheim, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/41 (Month) (Day) (Year)

(c) Place: burial or cremation OakHill Cemty

18. (a) Signature of funeral director Louis H Bopp, Inc

(b) Address Kirkwood Mo.

19. (a) SEP 22 1941 (Date received local registrar) (b) J. V. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22nd year 1941 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Sept 18, 1941, to Sept 22, 1941 that I last saw her alive on 8 30 A.M. 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Heart block complete

Due to Art. degenerative Hypertensive Heart disease

Due to Coronary Sclerosis
Coronary Infarct old

Other conditions Nephrosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Jewish Hospital

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. H. J. Rosenfeld (M. D. or other)

Address 618 Vail Bldg. Date signed Sept 22 1941

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.